2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004730

Entity Name: DRS SURVEILLANCE SUPPORT SYSTEMS, INC.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6200 118TH AVENUE LARGO, FL 33773						
Current Mailing Address:			New Maili	New Mailing Address:		
5 SYLVAN WAY PARSIPPANY, NJ 07054						
FEI Number: 59-3738936 FEI Number Applied For () FEI			FEI Number Not App	umber Not Applicable () Certificate of State		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
	Electronic	Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DT () D SCHNEIDER, RIC 5 SYLVAN WAY PARSIPPANY, NJ		Title: Name: Address: City-St-Zip:	() CI	nange () Addition	
Title: Name: Address: City-St-Zip:	P () DANFORTH, RICH 200 PROFESSEII GAITHERSBURG	RONAL DR.	Title: Name: Address: City-St-Zip:	DANFORTH, RICH	AVENUE, STE. 1000, 10TH FL.	
Title: Name: Address: City-St-Zip:	SCHORER, STEV	NAL DR. STE 400	Title: Name: Address: City-St-Zip:	SCHORER, STEVI	AVENUE, STE. 1000, 10TH FL.	
Title: Name: Address: City-St-Zip:	S () E RUSSO, ROBERT 5 SYLVAN WAY PARSIPPANY, NJ		Title: Name: Address: City-St-Zip:	() Cł	nange()Addition	
Title: Name: Address: City-St-Zip:	VPT () C RINSKY, JASON 5 SYLVAN WAY PARSIPPANY, NJ	Delete	Title: Name: Address: City-St-Zip:	() CH	nange () Addition	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	VPGM () CH MARION, PATRICI 246 AIRPORT ROJ JOHNSTOWN, PA	AD .	
Statutes. In	further certify tha	rmation supplied with this filing at the information indicated on t ave the same legal effect as if n	his report or suppl	emental report is		

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON RINSKY

VPT

04/08/2008

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears